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FORM 1

STATEMENT OF **ORGANIZATION**

2015 NOY -4 AM 10: 41

FEC MAIL CENTER

NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) upporting, Electing American I ADDRESS (number and street) (Check if address is changed) T_iM_i elena STATE CITY ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) ılorna@mt.net (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) 10' 30' 2014' DATE FEC IDENTIFICATION NUMBER IS THIS STATEMENT NÈW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Lorna Kunev Type or Print Name of Treasurer Date Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 02/2009) Toll Free 800-424-9530 Only

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